

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000085258

1. Entity Name  
JOY PLAZA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:55

Principal Place of Business  
3217 MARINER BLVD.  
SPRING HILL, FL 34609  
8383 OMAHA Circle  
Spring Hill, FL

Mailing Address  
3217 MARINER BLVD.  
SPRING HILL, FL 34609  
22303 Skyview Cir  
Brooksville, FL 34602



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

10232006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
BENSON, JUAH T  
3217 MARINER BLVD.  
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS |                       |                                 |  | 10. ADDITIONS/CHANGES |   |  |  |
|------------------------------|-----------------------|---------------------------------|--|-----------------------|---|--|--|
| TITLE                        | MGRM                  | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                         | BENSON, JUAH T        |                                 |  | NAME                  | 900082262449  |  |  |
| STREET ADDRESS               | 3217 MARINER BLVD.    |                                 |  | STREET ADDRESS        | 12/04/06--01056--002 **50.00                                      |  |  |
| CITY-ST-ZIP                  | SPRING HILL, FL 34609 |                                 |  | CITY-ST-ZIP           |   |  |  |
| TITLE                        | MBR                   | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                         | BENSON, MUNAH C       |                                 |  | NAME                  |   |  |  |
| STREET ADDRESS               | 155 CALEBS PATH       |                                 |  | STREET ADDRESS        |   |  |  |
| CITY-ST-ZIP                  | BRENTWOOD, NY 11717   |                                 |  | CITY-ST-ZIP           |   |  |  |
| TITLE                        | MBR                   | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                         | BENSON, MCFRED C      |                                 |  | NAME                  |   |  |  |
| STREET ADDRESS               | 14064 BRUNAI DRIVE    |                                 |  | STREET ADDRESS        |   |  |  |
| CITY-ST-ZIP                  | SPRING HILL, FL 34609 |                                 |  | CITY-ST-ZIP           |   |  |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                         |                       |                                 |  | NAME                  |   |  |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |   |  |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |   |  |  |
| TITLE                        |                       | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                         |                       |                                 |  | NAME                  |   |  |  |
| STREET ADDRESS               |                       |                                 |  | STREET ADDRESS        |   |  |  |
| CITY-ST-ZIP                  |                       |                                 |  | CITY-ST-ZIP           |   |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \* [Signature] \*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 12/28/06 Daytime Phone #